

**DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF FAMILY SERVICES
FOSTER/ADOPTIVE PARENT TRAINING DOCUMENTATION**

SubmittedBy: _____ Phone/Email: _____

TITLE OF TRAINING: _____

START DATE (MM/DD/YY): _____ END DATE (MM/DD/YY): _____ SCHEDULED HOURS OF TRAINING: _____

CHECK ONLY ONE BOX IN EACH COLUMN

- | | | |
|--|--|---|
| TYPE OF TRAINING | TYPE OF DELIVERY | SITE |
| <input type="checkbox"/> 01 Quality Central | <input type="checkbox"/> 01 Group | <input type="checkbox"/> 01 FP County |
| <input type="checkbox"/> 02 Region Office | <input type="checkbox"/> 02 One on One | <input type="checkbox"/> 02 FP Region |
| <input type="checkbox"/> 03 Recruitment & Certification | <input type="checkbox"/> 03 Individual | Specify: _____ |
| <input type="checkbox"/> 99 Other(employment, community, etc.) | | <input type="checkbox"/> 03 Out of Region |
| | | <input type="checkbox"/> 04 Out of State |

Check the box that most accurately describes the training category. CHECK ONLY ONE BOX!

- | | |
|---|---|
| 01 PROTECTING AND NURTURING | 02 MEETING THE NEEDS OF FOSTER CHILDREN |
| <input type="checkbox"/> 01 Maintaining a safe, healthy home environment for foster children | <input type="checkbox"/> 01 Developmental |
| <input type="checkbox"/> 02 Discipline and behavior management | <input type="checkbox"/> 02 Emotional |
| <input type="checkbox"/> 03 Caring for children who have been neglected; emotionally, physically or sexually abused | <input type="checkbox"/> 03 Health and Medical |
| | <input type="checkbox"/> 04 Educational |
| 03 PROMOTING PERMANENCY OUTCOMES | 04 WORKING AS A PROFESSIONAL TEAM MEMBER |
| <input type="checkbox"/> 01 Reunification | <input type="checkbox"/> 01 Partnership with the Department |
| <input type="checkbox"/> 02 Adoption | <input type="checkbox"/> 02 Advocacy |
| <input type="checkbox"/> 03 Independent Living | <input type="checkbox"/> 03 Court |
| <input type="checkbox"/> 04 Permanent Substitute Care | <input type="checkbox"/> 04 Policy and Procedure |
| <input type="checkbox"/> 05 Supporting Primary Relationships | <input type="checkbox"/> 05 General |
| 05 PRESERVICE | |
| <input type="checkbox"/> 01 Preparation | |

SOCIAL SECURITY NUMBER: _____	<input type="checkbox"/> 01 Purchase	HOURS EARNED: _____
FIRST NAME: _____	<input type="checkbox"/> 02 Pennyriple	
MIDDLE: _____	<input type="checkbox"/> 03 Green River	
LAST: _____	<input type="checkbox"/> 04 Barren River	<input type="checkbox"/> 09 Northern Kentucky
	<input type="checkbox"/> 05 Lincoln Trail	<input type="checkbox"/> 10 Bluegrass
	<input type="checkbox"/> 06 Lake Cumberland	<input type="checkbox"/> 11 Fayette
	<input type="checkbox"/> 07 KIPDA Salt River	<input type="checkbox"/> 12 Gateway/Buffalo Trace
	<input type="checkbox"/> 08 KIPDA Jefferson	<input type="checkbox"/> 13 FIVCO
		<input type="checkbox"/> 14 Big Sandy
		<input type="checkbox"/> 15 Kentucky River
		<input type="checkbox"/> 16 Cumberland Valley

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